PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

		<u>'</u>	(Colum	S FILED - PART (Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			90			·		RATE	FEE	7	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEE	3 8 5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			90 minus 20=		: 70			XS 9=	630	OR	X\$18=	
INDEPENDENT CLAIMS				ninus 3 =	*	1		X43=	140	OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	1025	OR	TOTAL		
CLAIMS AS AMENDED - PART II							SMALL	ENTITY	OR	OTHER SMALL		
(Column 1)				(Colum		(Column 3)	SINALL		- On.	SIIIALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 88	Minus	- 9	0	=		X\$ 9=		OR	X\$18=	
	Independent	* 4 ENTATION OF M	Minus	*** A	£	=		X43=		OR	X86=	
<u> </u>	FINST PRESE	ENTATION OF M	ULTIPLE DE	PENDENI	CLAIM			+145=		OR	+290=	
							_	TOTAL		┪ ┕	TOTAL	
								DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)			,			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	· 8	8	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	+++ Z	<u>[-</u>	=	T	X43=	-	OR	X86=	
!	FINST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	JLAIM			+145=		OR	+290=	
•							AD	TOTAL DIT. FEE		OR A	TOTAL DDIT, FEE	
(Column 1) (Column 2) (Column 3)												
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	J	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	'ENDENT C	LAIM		T,	145=		OR	+290=	
H	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 							TOTAL DIT. FEE		L	TOTAL DOTT. FEE	
T	me "Highest Num he "Highest Numi	nber Previously Paid ber Previously Paid	io ror in THI: For" (Total or	5 SPACE is it Independent	ess than t) is the l	3, enter "3.". highest number (opriate box		•	